

2023 RESIDENTIAL RENTAL PROPERTY PERMIT APPLICATION

Building Department
Rental Inspector: Dawn Baker



MAIL COPY TO:

Checks Payable To: City of Coralville
PO Box 5127 Coralville, IA 52241
PHONE: 319-248-1720
EMAIL: dstoddard@coralville.org

This is your only notice to pay and failure to pay may result in a municipal citation.

ALL RENTAL RENEWALS ARE DUE BY JANUARY 1, 2023. NON-COMPLIANCE FEE IS \$50.00 PER UNIT

By renewing your Rental Permit and signing this form you or your representative are stating the properties listed below are in compliance with the City of Coralville Rental Code Chapter 145 of Coralville Code of Ordinances.

CHECK ONE:

NEW RENEWAL

NOTICE:

**ALL DWELLINGS ARE
\$50.00 PER UNIT.**

OFFICE USE:

CHECK # _____

DATE RECEIVED: _____

RENTAL UNIT TYPE:

- | | |
|-----------------------|---|
| SINGLE FAMILY | 4 PLEX |
| CONDOMINIUM | 8 PLEX |
| ZERO LOT | 12 PLEX |
| OWNER OCCUPIED DUPLEX | CO-OP OWNED UNITS/COMPLEX |
| DUPLEX | COMMERCIAL BUILDINGS
w/APARTMENT UNITS IN BUILDING |

PROPERTY ADDRESS: _____ # UNITS _____ x \$50.00 = \$ _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____ EMAIL: _____

OWNER CONTACT PHONE #: _____ Alt. PHONE #: _____

BUSINESS NAME OR AGENT: _____

BUSINESS ADDRESS: _____

PROPERTY MANAGER OR AGENT: _____

OFFICE PHONE: _____ MOBILE: _____ EMAIL: _____

LOCAL EMERGENCY CONTACT OR EMERGENCY AGENT CONTACT:

NAME: _____ PHONE #: _____

All Property Owners Must Have A Local Individual Or Agent If You Live More Than 50 Miles Outside of Coralville.

APPLICANT/REPRESENTATIVE SIGNATURE _____

DATE SIGNED _____ TOTAL PAID \$ _____ CHECK# _____